FOR BHF USE

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0038281

Facility Name: Heritage Manor-Normal

Address: 509 North Adelaide (Number) Normal (City) 61761 (Zip Code)

County: McLean

Telephone Number: (309) 452-7468 **Fax #** ( )

HFS ID Number: 370909086004

Date of Initial License for Current Owners: 1979

Type of Ownership:

	VOLUNTARY,NON-PROFIT	xx	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		xx	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Craig Ater **Telephone Number:** (309)823-7135

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/05 to 12/31/05 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Craig L. Ater

(Title) Senior V.P. & CFO

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	164	Skilled (SNF)	164	59,860	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	164	TOTALS	164	59,860	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	24,517	27,438	3,084	55,039	8
9	SNF/PED			0		9
10	ICF					10
11	ICF/DD					11
12	SC	0	0	0		12
13	DD 16 OR LESS					13
14	TOTALS	24,517	27,438	3,084	55,039	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.95%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [xx]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [xx]

I. On what date did you start providing long term care at this location?
Date started 1979

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [xx]

K. Was the facility certified for Medicare during the reporting year?
YES [xx] NO [ ] If YES, enter number of beds certified _____ and days of care provided 3,084

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [xx] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [ ] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Facility Name & ID Number Heritage Manor-Normal # 0038281 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	363,537	25,127		388,664		388,664	7,239	395,903			1
2	Food Purchase		222,919		222,919		222,919		222,919			2
3	Housekeeping	146,594	39,964		186,558		186,558	8	186,566			3
4	Laundry	97,631	26,702		124,333		124,333		124,333			4
5	Heat and Other Utilities			158,803	158,803		158,803	2,285	161,088			5
6	Maintenance	154,400	59,147	37,334	250,881		250,881	19,146	270,027			6
7	Other (specify):*											7
8	**TOTAL General Services**	762,162	373,859	196,137	1,332,158		1,332,158	28,678	1,360,836			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	1,854,299	98,750	102,132	2,055,181		2,055,181		2,055,181			10
10a	Therapy		346,825	321,627	668,452	631,512	1,299,964	274,509	1,574,473			10a
11	Activities	119,149	3,878		123,027		123,027		123,027			11
12	Social Services	42,495		2,213	44,708		44,708		44,708			12
13	CNA Training	6,120	3,197		9,317		9,317	2,573	11,890			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,022,063	452,650	425,972	2,900,685	631,512	3,532,197	277,082	3,809,279			16
	C. General Administration											
17	Administrative	68,666			68,666		68,666	110,983	179,649			17
18	Directors Fees							8,239	8,239			18
19	Professional Services			448,792	448,792		448,792	(425,900)	22,892			19
20	Dues, Fees, Subscriptions & Promotions			135,318	135,318	(89,790)	45,528	(15,360)	30,168			20
21	Clerical & General Office Expenses	200,155	14,719	19,291	234,165		234,165	229,080	463,245			21
22	Employee Benefits & Payroll Taxes			665,834	665,834		665,834	59,624	725,458			22
23	Inservice Training & Education			68	68		68	1,931	1,999			23
24	Travel and Seminar			5,467	5,467		5,467	(3,468)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			107,141	107,141		107,141	2,923	110,064			26
27	Other (specify):*			46,315	46,315		46,315	(46,000)	315			27
28	**TOTAL General Administration**	268,821	14,719	1,428,226	1,711,766	(89,790)	1,621,976	(77,948)	1,544,028			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,053,046	841,228	2,050,335	5,944,609	541,722	6,486,331	227,812	6,714,143			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heritage Manor-Normal #0038281 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			352,298	352,298		352,298	19,428	371,726			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			259,352	259,352		259,352	33,713	293,065			32
33	Real Estate Taxes			94,949	94,949		94,949		94,949			33
34	Rent-Facility & Grounds							10,034	10,034			34
35	Rent-Equipment & Vehicles			3,002	3,002		3,002	1,457	4,459			35
36	Other (specify):*											36
37	**TOTAL Ownership**			709,601	709,601		709,601	64,632	774,233			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					(631,512)	(631,512)		(631,512)			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					89,790	89,790		89,790			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**					(541,722)	(541,722)		(541,722)			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,053,046	841,228	2,759,936	6,654,210		6,654,210	292,444	6,946,654			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(1,060)	35		5
6	Rented Facility Space		34		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income	(110)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions		33		15
16	Personal Expenses (Including Transportation)		24		16
17	Non-Care Related Fees	(862)	20		17
18	Fines and Penalties				18
19	Entertainment	(18,738)	24		19
20	Contributions	(20,000)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,580)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(26,000)	27		24
25	Fund Raising, Advertising and Promotional	(21,465)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule		23		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (96,815)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	389,259		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 389,259		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 292,444		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Heritage Manor-Normal

ID# 0038281

Report Period Beginning: 01/01/05

Ending: 12/31/05

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5		(1,060)	35	5
6		0	34	6
7				7
8				8
9		0	30	9
10			32	10
11				11
12				12
13		0	2	13
14			32	14
15		0	33	15
16			24	16
17		(862)	20	17
18				18
19			24	19
20		(20,000)	27	20
21				21
22		(8,580)	19	22
23				23
24		(26,000)	27	24
25		(21,465)	20	25
26				26
27				27
28				28
29		0	23	29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(77,967)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor-Normal # 0038281 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	7,239	0	0	0	0	0	0	0	0	7,239	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	8	0	0	0	0	0	0	0	0	8	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,285	0	0	0	0	0	0	0	0	2,285	5
6	Maintenance	0	0	19,146	0	0	0	0	0	0	0	0	19,146	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	28,678	0	0	0	0	0	0	0	0	28,678	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	274,509	0	0	0	0	0	0	0	0	0	274,509	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	2,573	0	0	0	0	0	0	0	0	2,573	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	274,509	2,573	0	0	0	0	0	0	0	0	277,082	16
	C. General Administration													
17	Administrative	0	0	110,983	0	0	0	0	0	0	0	0	110,983	17
18	Directors Fees	0	0	8,239	0	0	0	0	0	0	0	0	8,239	18
19	Professional Services	(8,580)	(440,212)	22,892	0	0	0	0	0	0	0	0	(425,900)	19
20	Fees, Subscriptions & Promotions	(22,327)	0	6,967	0	0	0	0	0	0	0	0	(15,360)	20
21	Clerical & General Office Expenses	0	0	229,080	0	0	0	0	0	0	0	0	229,080	21
22	Employee Benefits & Payroll Taxes	0	0	59,624	0	0	0	0	0	0	0	0	59,624	22
23	Inservice Training & Education	0	0	1,931	0	0	0	0	0	0	0	0	1,931	23
24	Travel and Seminar	(18,738)	0	15,270	0	0	0	0	0	0	0	0	(3,468)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,923	0	0	0	0	0	0	0	0	2,923	26
27	Other (specify):*	(46,000)	0	0	0	0	0	0	0	0	0	0	(46,000)	27
28	**TOTAL General Administration**	(95,645)	(440,212)	457,909	0	0	0	0	0	0	0	0	(77,948)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(95,645)	(165,703)	489,160	0	0	0	0	0	0	0	0	227,812	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number Heritage Manor-Normal **#** 0038281 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	0	0	19,428	0	0	0	0	0	0	0	19,428	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(110)	0	0	33,823	0	0	0	0	0	0	0	33,713	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	10,034	0	0	0	0	0	0	0	10,034	34
35	Rent-Equipment & Vehicles	(1,060)	0	0	2,517	0	0	0	0	0	0	0	1,457	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(1,170)	0	0	65,802	0	0	0	0	0	0	0	64,632	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(96,815)	(165,703)	489,160	65,802	0	0	0	0	0	0	0	292,444	45

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [xx] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V	10a	Adjustment for Related Organization	19,964	GreenTree Therapy	100.00%	17,913	(2,051)	2
3	V								3
4	V	19	Adjustment for Related Organization	440,212	Heritage Enterprises, Inc.	100.00%		(440,212)	4
5	V								5
6	V	10a	Adjustment for Related Organization	346,774	GreenTree Pharmacy	100.00%	623,334	276,560	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 806,950			$ 641,247	$ * (165,703)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Heritage Enterprises, Inc.	100.00%	$ 7,239	$ 7,239	15
16	V	2	Food Purchase				0		16
17	V	3	Housekeeping				8	8	17
18	V	4	Laundry				0		18
19	V	5	Heat & Other Utilities				2,285	2,285	19
20	V	6	Maintenance				19,146	19,146	20
21	V	7	Other				0		21
22	V	9	Medical Director				0		22
23	V	10	Nursing & Medical Records				0		23
24	V	11	Activities				0		24
25	V	12	Social Service				0		25
26	V	13	Nurse Aide Training				2,573	2,573	26
27	V	14	Program Transportation				0		27
28	V	15	Other				0		28
29	V	17	Administrative				110,983	110,983	29
30	V	18	Directors Fees				8,239	8,239	30
31	V	19	Professional Services				22,892	22,892	31
32	V	20	Fees, Subscription, Promotions				6,967	6,967	32
33	V	21	Clerical & General Office Expenses				229,080	229,080	33
34	V	22	Employee Benefits & Payroll Taxes				59,624	59,624	34
35	V	23	Inservice Training & Education				1,931	1,931	35
36	V	24	Travel and Seminar				15,270	15,270	36
37	V	25	Other Admin. Staff Transportation				0		37
38	V	26	Insurance-Prop.Liab.Malpract				2,923	2,923	38
39	Total			$			$ 489,160	$ * 489,160	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	$	Heritage Enterprises, Inc.	100.00%	$	$ 0	15
16	V	30	Depreciation					19,428	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					33,823	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					10,034	20
21	V	35	Rent-Equipment & Vehicles					2,517	21
22	V	36	Other					0	22
23	V	38	Medically Nec Transportation					0	23
24	V	39	Ancillary Service Centers					0	24
25	V	40	Barber and Beauty Shops					0	25
26	V	41	Coffee and Gift Shops					0	26
27	V	42	Other					0	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ * 65,802	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Susie Jefferson	Director	Management	15.86		10		Salary/BOD	$ 25,041	Ln 17 & 18	1
2	Tom Jefferson	Secretary	Management	16.21		10		Salary/BOD	0	Ln 17 & 18	2
3	Craig Hart	Chairman	Management	31.95		10		Salary/BOD	28,084	Ln 17 & 18	3
4	Cheryl Lowney	Executive Vice Presi	Management	0.49		40	100.00	Salary/BOD	16,723	Ln 17 & 18	4
5	Steve Wannemacher	President	Management	0.42		40	100.00	Salary/BOD	21,793	Ln 17 & 18	5
6	Connie Hoselton	Sr Vice President	Management	0.27		40	100.00	Salary	10,753	Ln 17 & 18	6
7	Craig Ater	Sr Vice President	Management	0.34		40	100.00	Salary	12,052	Ln 17 & 18	7
8	Ben Hart	Vice President	Management	3.20		40	100.00	Salary	4,776	Ln 17 & 18	8
9											9
10											10
11											11
12											12
13								TOTAL	$ 119,222		13

*** If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.**

**** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.**

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [xx] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Heritage Enterprises
Street Address: 115 W. Jefferson
City / State / Zip Code: Bloomington,Il
Phone Number: ( )
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,612	25	$ 115,289	$ 115,276	164	$ 7,239	1
2	2	Food Purchase	Beds	2,612	25	7	0	164	0	2
3	3	Housekeeping	Beds	2,612	25	124	0	164	8	3
4	4	Laundry	Beds	2,612	25	0	0	164	0	4
5	5	Heat & Other Utilities	Beds	2,612	25	36,387	0	164	2,285	5
6	6	Maintenance	Beds	2,612	25	304,933	79,110	164	19,146	6
7	7	Other	Beds	2,612	25	0	0	164	0	7
8	9	Medical Director	Beds	2,612	25	0	0	164	0	8
9	10	Nursing & Medical Records	Beds	2,612	25	0	0	164	0	9
10	11	Activities	Beds	2,612	25	0	0	164	0	10
11	12	Social Service	Beds	2,612	25	0	0	164	0	11
12	13	Nurse Aide Training	Beds	2,612	25	40,976	40,976	164	2,573	12
13	14	Program Transportation	Beds	2,612	25	0	0	164	0	13
14	15	Other	Beds	2,612	25	0	0	164	0	14
15	17	Administrative	Beds	2,612	25	1,767,611	1,691,552	164	110,983	15
16	18	Directors Fees	Beds	2,612	25	131,223	0	164	8,239	16
17	19	Professional Services	Beds	2,612	25	364,592	0	164	22,892	17
18	20	Fees, Subscription, Promotions	Beds	2,612	25	110,958	0	164	6,967	18
19	21	Clerical & General Office Expens	Beds	2,612	25	3,648,522	3,385,972	164	229,080	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,612	25	949,625	0	164	59,624	20
21	23	Inservice Training & Education	Beds	2,612	25	30,747	0	164	1,931	21
22	24	Travel and Seminar	Beds	2,612	25	243,204	0	164	15,270	22
23	25	Other Admin. Staff Transportatio	Beds	2,612	25	0	0	164	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,612	25	46,560	0	164	2,923	24
25	TOTALS					$ 7,790,758	$ 5,312,886		$ 489,160	25

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,612	25	$	$	164	$	1
2	30	Depreciation	Beds	2,612	25	309,426		164	19,428	2
3	31	Amortization of Pre-Op & Org	Beds	2,612	25			164		3
4	32	Interest	Beds	2,612	25	538,695		164	33,823	4
5	33	Real Estate Taxes	Beds	2,612	25			164		5
6	34	Rent-Facility & Grounds	Beds	2,612	25	159,809		164	10,034	6
7	35	Rent-Equipment & Vehicles	Beds	2,612	25	40,093		164	2,517	7
8	36	Other	Beds	2,612	25			164		8
9	38	Medically Nec Transportation	Beds	2,612	25			164		9
10	39	Ancillary Service Centers	Beds	2,612	25			164		10
11	40	Barber and Beauty Shops	Beds	2,612	25			164		11
12	41	Coffee and Gift Shops	Beds	2,612	25			164		12
13	42	Other	Beds	2,612	25			164		13
14								164		14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,048,023	$		$ 65,802	25

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	LsSalle National Bank		xx	Mortgage	4640 plus Int	01/15/99	$	$ 3,983,729	01/15/06	variable	$ 225,633	1
2	LsSalle National Bank		xx	Mortgage							6,111	2
3												3
4												4
5												5
	Working Capital											
6	Central Office Allocation		xx	Working Capital							27,608	6
7	Central Office Allocation		xx	Working Capital								7
8												8
9	TOTAL Facility Related						$	$ 3,983,729			$ 259,352	9
	B. Non-Facility Related*											
10	Interest Income										(110)	10
11												11
12	Corporate Interest										33,823	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 33,713	14
15	TOTALS (line 9+line14)						$	$ 3,983,729			$ 293,065	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Heritage Manor-Normal # 0038281 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2004 report.	$	94,622	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	92,474	2
3. Under or (over) accrual (line 2 minus line 1).	$	(2,148)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)	$	97,097	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	94,949	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2000	68,473	8
	2001	58,906	9
	2002	106,417	10
	2003	82,705	11
	2004	90,174	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2004	$		13
14	PLUS APPEAL COST FROM LINE 5	$		14
15	LESS REFUND FROM LINE 6	$		15
16	AMOUNT TO USE FOR RATE CALCULATION	$		16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Manor-Normal COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0038281

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	14-29-227-016	Heritage Manor-Normal	$ 119,719.00	$ 92,474.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 119,719.00	$ 92,474.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,164 B. General Construction Type: Exterior brick/wood Frame wood Number of Stories 1

C. Does the Operating Entity? [xx] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [xx] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [xx] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$ 60,687	1
2					2
3	TOTALS			$ 60,687	3

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	164				$ 1,860,193	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1979 Improvements			1979	66,917						9
10	1980 Improvements			1980	48,089						10
11	1981 Improvements			1981	17,747						11
12	1982 Improvements			1982	18,009						12
13	1983 Improvements			1983	19,892						13
14	1984 Improvements			1984	25,484						14
15	1985 Improvements			1985	531,851						15
16	1986 Improvements			1986	82,460						16
17	1987 Improvements			1987	17,447						17
18	1988 Improvements			1988	133,532						18
19	1989 Improvements			1989	39,555						19
20	1990 Improvements			1990	18,557						20
21	1991 Improvements			1991	5,776						21
22	1992 Improvements			1992	8,016						22
23	1993 Improvements			1993	188,048						23
24	1994 Improvements			1994	187,325						24
25	1995 Improvements			1995	10,664						25
26	A/C Basement Laundry			1996	6,741						26
27	Asphalt Repair			1996	21,401						27
28	Remodel/Painting			1996	1,912						28
29	Fire Alarm Repair/Replace			1996	8,069						29
30	Kitchen Floor/Backsplash			1996	1,395						30
31											31
32											32
33											33
34	C/O Allocation							19,428	19,428		34
35	Book Depreciation					259,412		259,412		2,539,167	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Tubes--Boiler	1997	$ 12,279	$		$	$	$	37
38	Smoke Damper	1997	2,508						38
39	Perimeter Alarm	1997	3,364						39
40	Door Alarm	1997	3,909						40
41	Parking Lot Lights	1997	1,221						41
42	Fire Door	1997	2,146						42
43									43
44	Asbestos Removel	1998	985						44
45	Fire Daper	1998	4,589						45
46	Plumbing Maintenance	1998	3,285						46
47	HVAC Repairs	1998	2,139						47
48	Boiler Retubed	1998	5,720						48
49	Remodel Resident Rooms and Halls-materials	1998	739,117						49
50	Remodel Resident Rooms and Halls- Labor	1998	4,323						50
51	Remodel Resident Rooms and Halls-Professional Fees	1998	38,935						51
52									52
53	Moving Furnature Expense	1998	6,398						53
54	Computer Room Work	1998	896						54
55	Alzheimers Addition-Materials	1998	876,511						55
56	Alzheimers Addition-Labor	1998	516						56
57	Alzheimers Addition-Professional Fees	1998	162,266						57
58	Ventalation System-Materials	1998	54,231						58
59	Ventalation System-Professional Fees	1998	33,010						59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,277,428	$ 259,412		$ 278,840	$ 19,428	$ 2,539,167	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 5,277,428	$ 259,412		$ 278,840	$ 19,428	$ 2,539,167	1
2	Alzheimers Addition-Materials	1999	1,913,384						2
3	Alzheimers Addition-Labor	1999	16,393						3
4	Alzheimers Addition-Professional Fees	1999	43,955						4
5	Ventalation System-Materials	1999	2,591						5
6	Remodel Resident Rooms--Materials	1999	96,197						6
7	Remodel Resident Rooms--Professional Fees	1999	350						7
8	Patio Replacement	1999	3,700						8
9	WAN Room Renovation	1999	3,230						9
10	ALTA Survey	1999	5,488						10
11	PANIC Hardware	1999	1,941						11
12	Roof Work	1999	4,844						12
13	Boiler Replacement	1999	11,219						13
14	Garage Door	1999	985						14
15	West End Renovations-Labor	1999	2,184						15
16	Assisted Living Professional Fees	1999	1,843						16
17									17
18	West Wing Outlets	2000	8,485						18
19	Alzheimer Unit Flooring	2000	5,631						19
20	Accordian Door and Installation	2000	9,600						20
21	Air conditioning Units (2)	2000	1,240						21
22	Exterior Door Replacement	2000	6,095						22
23	Air conditioner -- Dishroom	2000	12,041						23
24	HVAC temp Control	2000	16,220						24
25	Mop sink and faucet (2)	2000	3,377						25
26	Clinical Sink	2000	847						26
27	Eye Wash Stations	2000	2,566						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,451,834	$ 259,412		$ 278,840	$ 19,428	$ 2,539,167	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 7,451,834	$ 259,412		$ 278,840	$ 19,428	$ 2,539,167	1
2	West End Renovations-Labor	2000	9,940						2
3	West End Renovations-material	2000	7,991						3
4									4
5	Boiler Repair	2001	7,921						5
6	Code Alert	2001	6,248						6
7	Painting & Wallpaper Hallway	2001	2,714						7
8	Condenser	2001	3,203						8
9	Fire System Repair	2001	2,269						9
10	Sign	2001	3,266						10
11	Water Heater	2001	4,797						11
12									12
13	Smoke Detector	2002	2,000						13
14	Fence	2002	2,400						14
15	Mixing Valve	2002	2,000						15
16	Bathroom Repairs	2002	10,179						16
17	Sprinkler System	2002	1,019						17
18	Computer Cable	2002	1,076						18
19	Boiler Pump	2002	5,000						19
20	A/C Unit	2002	2,750						20
21	Administrator Office Remodel	2002	4,534						21
22	Fire System Repair	2002	1,234						22
23	A/C Repair	2002	3,535						23
24	Flag & Flag Pole	2002	600						24
25	Elevator Repairs	2002	6,862						25
26	Code Alert	2002	975						26
27	Exhaust Fan	2002	1,350						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,545,697	$ 259,412		$ 278,840	$ 19,428	$ 2,539,167	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 7,545,697	$ 259,412		$ 278,840	$ 19,428	$ 2,539,167	1
2	Fire System	2003	8,614						2
3	Flag Pole	2003	490						3
4	Security Door	2003	5,990						4
5	A/C Unit	2003	1,580						5
6	Condensing Unit	2003	1,137						6
7	Compressor	2003	2,067						7
8	Sewage Ejection	2003	17,028						8
9	A/C Unit	2003	1,628						9
10									10
11	Sewage Ejection	2004	12,312						11
12	A/C Unit	2004	1,175						12
13	Water Softener	2004	18,667						13
14	Exterior Referbish	2004	2,202						14
15	Boiler	2004	16,060						15
16									16
17	Boiler	2005	388						17
18	Nurses Station	2005	8,146						18
19	Smoke Detectors	2005	3,884						19
20	Windows	2005	6,146						20
21	Tempering Valve	2005	2,510						21
22	Sewage Ejection	2005	1,310						22
23	Ansul System	2005	2,320						23
24	Accelerator	2005	1,548						24
25	A/C Unit	2005	2,550						25
26	A/C Unit	2005	1,275						26
27	Sidewalk Replacement	2005	21,297						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,686,021	$ 259,412		$ 278,840	$ 19,428	$ 2,539,167	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,131,701	$ 92,886	$ 92,886	$		$ 1,128,640	71
72	Current Year Purchases	10,037						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,141,738	$ 92,886	$ 92,886	$		$ 1,128,640	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 8,888,446	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 352,298	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 371,726	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 19,428	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,667,807	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized
   by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
    Beginning
    Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	$
13.	/2007	$
14.	/2008	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 4,459 Description:
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - ☐ YES
   - ☐ NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - COMMUNITY COLLEGE ☐
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies		3,197		3,197
3	Classroom Wages (a)		6,120		6,120
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$ 9,317	$	$ 9,317
10	SUM OF line 9, col. 1 and 2 (e)	$ 9,317			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$ 106,373	$		$ 106,373	1
2	Licensed Speech and Language Development Therapist		hrs			9,701			9,701	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			195,324	51		195,375	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				623,334		623,334	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):					8,178			8,178	13
14	TOTAL			$		$ 319,576	$ 623,385		$ 942,961	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Heritage Manor-Normal **#** 0038281 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/05 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 300	$	1
2	Cash-Patient Deposits	14,947		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	710,524		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,844		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,811,022		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,557,637	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	181,333		13
14	Buildings, at Historical Cost	7,352,549		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,203,169		16
17	Accumulated Depreciation (book methods)	(3,667,807)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,069,244	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,626,881	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 86,234	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,947		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	254,952		30
31	Accrued Taxes Payable (excluding real estate taxes)	36,347		31
32	Accrued Real Estate Taxes(Sch.IX-B)	97,097		32
33	Accrued Interest Payable	14,536		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 504,113	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	3,983,729		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 3,983,729	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,487,842	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 3,139,039	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 7,626,881	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Manor-Normal **#** 0038281 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,465,692	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,465,692	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	673,347	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 673,347	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 3,139,039	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,028,646	1
2	Discounts and Allowances for all Levels	(1,070,383)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,958,263	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	839,907	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 839,907	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	19,148	11
12	Gift and Coffee Shop	(126)	12
13	Barber and Beauty Care	3,918	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	506,357	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(20)	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 529,277	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	110	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 110	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,327,557	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,332,158	31
32	Health Care	2,900,685	32
33	General Administration	1,711,766	33
	B. Capital Expense		
34	Ownership	709,601	34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,654,210	40
41	**Income before Income Taxes (line 30 minus line 40)****	673,347	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 673,347	43

*** This must agree with page 4, line 45, column 4.**

**** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

***** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

******Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,828	2,080	$ 54,079	$ 26.00	1
2	Assistant Director of Nursing	2,133	2,686	50,710	18.88	2
3	Registered Nurses	13,699	15,433	329,689	21.36	3
4	Licensed Practical Nurses	18,822	21,128	370,718	17.55	4
5	CNAs & Orderlies	92,917	98,441	1,001,318	10.17	5
6	CNA Trainees	650	650	6,120	9.42	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,524	3,802	47,785	12.57	8
9	Activity Director					9
10	Activity Assistants	12,314	12,734	119,149	9.36	10
11	Social Service Workers	1,918	2,102	42,495	20.22	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	40,912	43,740	363,537	8.31	15
16	Dishwashers					16
17	Maintenance Workers	15,587	16,952	154,400	9.11	17
18	Housekeepers	17,361	18,500	146,594	7.92	18
19	Laundry	11,710	12,640	97,631	7.72	19
20	Administrator	1,900	2,080	68,666	33.01	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,834	14,279	200,155	14.02	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	248,109	267,247	$ 3,053,046 *	$ 11.42	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		0		36
37	Medical Records Consultant		1,778		37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,180		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant		2,213		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 7,171		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	246	$ 7,390		50
51	Licensed Practical Nurses	3,456	86,394		51
52	Certified Nurse Assistants/Aides	13	250		52
53	TOTAL (lines 50 - 52)	3,715	$ 94,034		53

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Cindy Wegner	Admin		$ 68,666
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 68,666

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Enterprises	Mgt Fee	$ 440,212
		0
		0
		0
Legal -- Adjusted to Zero		8,580
		0
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 448,792

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 70,805
Unemployment Compensation Insurance	55,063
FICA Taxes	233,558
Employee Health Insurance	262,152
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Hepatitis Vaccine	0
Employee Benefits -	44,256
Employee Benefits - central office	59,624
TOTAL (agree to Schedule V, line 22, col.8)	$ 725,458

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	10,026
Health Care Worker Background Check	
(Indicate # of checks performed)	660
Central Office Allocation	6,967
Promotional Advertising	15,801
Public Relations	5,664
Dues and Subscriptions	10,341
License and Fees	1,046
Less: Public Relations Expense	(5,664)
Non-allowable advertising	(862)
Yellow page advertising	(15,801)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 30,168

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	1,009
	0
Seminar Expense	4,458
	(18,738)
	15,270
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,999

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
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17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 01/01/05 Ending: 12/31/05

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **no**

(2) Are there any dues to nursing home associations included on the cost report? **yes**
If YES, give association name and amount. **Illinois Healthcare Association**

(3) Did the nursing home make political contributions or payments to a political action organization? **yes** If YES, have these costs been properly adjusted out of the cost report? **yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **no** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **yes**
What was the average life used for new equipment added during this period? **7 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **no**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **xx** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **xx** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **89,790**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **no** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **yes** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **yes** Indicate the amount. $ **30,807**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **no**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **no** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100%**
d. Have vehicle usage logs been maintained? **yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **yes**
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **yes**
Firm Name: **Sulaski & Webb** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **Not available**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **yes**
Attach invoices and a summary of services for all architect and appraisal fees.

BASIC CHARGE-PRIVATE & VA	-6,531,285	
PRIVATE ASSESSMENT TAX INCOME		
BASIC CHARGE-IPA	0	
BASIC CHARGE-MEDICARE	0	
DAY CARE/HOME CARE		
LIGHT NURSING CARE	-182,781	
MEDIUM NURSING CARE		
HEAVY NURSING CARE		
SKILLED NURSING CARE		
NURSING SUPPLIES-PRIVATE	-312,697	
NURSING SUPPLIES-IPA		
NURSING SUPPLIES MED PT A		
NURSING SUPPLIES MED PT B		
DRUGS	-506,357	
DRUGS-OTHER		
PT-PRIVATE	-839,907	
PT-IPA		
PT-MEDICARE PART A		
PT-MEDICARE PART B		
PUBLIC AID ASSESSMENT INC		
LABORATORY INCOME		
SPEECH/OT-PRIVATE		
SPEECH/OT-IPA		
SPEECH/OT-MED PART A		
SPEECH/OT MED PART B		
IPA DISCOUNTS	1,070,383	
MEDICAID PART B DISCOUNT		
MEDICARE DISCOUNTS		
ASSESSMENT TAX EXPENSE		
RENT INCOME	0	
BEAUTY SHOP	-3,918	
ACTIVITY FUND INCOME	126	
VENDING INCOME/EXPENSE	0	
MANAGEMENT FEES		
EQUIPMENT RENTAL	-1,883	
RESIDENT TRANSPORTATION	-40	
MISC INCOME	60	
GENERAL & ADMINIST WAGES	188,905	200,155
ADMINISTRATOR WAGES	68,666	68,666
VACATION & SICK - G&A	11,250	
EMPLOYEE BENEFITS	18,792	665,834
EMPLOYEE HEPETITIS VACCINI	0	
EMPLOYEE SCHOLORSHIP WAC	16,052	
EMPLOYEE SCHOLORSHIP COS	9,412	
DIRECTORS FEES		
OFFICE SUPPLIES	13,530	14,719
TELEPHONE	19,291	19,291
TRAINING & EMPLOYEE DEVL	68	68
GENERAL TRAVEL	1,009	5,467
MEAL EXPENSE FOR TRAVEL	0	
EDUCATION & SEMINAR	4,458	
HELP WANTED ADVERTISING	10,026	135,318
PROMOTIONAL ADVERTISING	15,801	
PUBLIC RELATIONS	5,664	
LICENSES & FEES	92,826	
DUES & SUBSCRIPTIONS	10,341	
CONTRIBUTIONS	20,000	
PROFESSIONAL FEES	8,580	448,792
MEDICAL DIRECTOR	0	0
UTILIZATION REVIEW	0	
OTHER PHYSICIAN FEES	0	
MEDICAL RECORDS CONSULT	1,778	
PHARMACIST FEES	3,180	
SOC SERV/ACT CONSULT	2,213	2,213
TV RENTAL	1,860	
INCOME TAXES		46,315
BACKGROUND CHECKS	660	
PAYROLL TAXES	282,601	
PAYROLL TAXES ADMINIST	6,020	
GROUP INSURANCE	262,152	
LIABILITY INSURANCE	107,141	107,141
INSURANCE-OWNERS		
WORKMENS COMP INSURANCE	70,805	
CENTRAL OFFICE FEES	440,212	
BAD DEBTS	26,000	
LOST ITEMS-RESIDENTS	315	
MISCELLANEOUS	0	
REAL ESTATE TAXES	94,949	94,949
LEASED EQUIPMENT	1,142	3,002
MAINTENANCE SALARIES	139,394	154,400
MAINTENANCE SICK & VAC	15,006	
ELECTRIC	72,525	158,803
NATURAL GAS	62,689	
HEATING & DEISEL OIL		
WATER & SEWER	23,589	
TRASH COLLECTION	7,392	37,334
PROPERTY PLANT REPLACEMN	6,327	59,147
GENERAL REPAIR & MAINT	52,820	
MAINTENANCE CONTRACTS	29,942	
DIETARY WAGES	341,836	363,537
DIETARY SICK & VAC	21,701	
SALES TAX		
FOOD PURCHASES	253,726	222,919
SUPPLIES-DISHWASHING	6,958	25,127
DIETARY REPLACEMENT	2,249	
KITCHEN SUPPLIES-PAPER	15,920	
MEAL CREDIT	-30,807	
LAUNDRY WAGES	92,934	97,631
LAUNDRY SICK & VAC	4,697	
LAUNDRY REPLACEMENT	11,822	26,702
LAUNDRY REIMBURSEMENT		
LAUNDRY SUPPLIES	14,880	
HOUSEKEEPING WAGES	136,376	146,594
HOUSEKEEPING SICK & VAC	10,218	
HOUSEKEEPING SUPPLIES	18,550	39,964
HOUSEKEEPING SUPPLIES-PPR	21,414	
RN WAGES-MEDICARE		1,854,299
RN WAGES-NON MEDICARE	298,186	
DON WAGES	54,079	
ADON	50,710	
RN SICK & VACATION	31,503	
LPN WAGES-MEDICARE	0	
LPN WAGES-NON MEDICARE	342,383	
LPN WAGES OTHER		
LPN SICK & VACATION	28,335	
AIDE WAGES-MEDICARE		
AIDE WAGES-NON MEDICARE	920,261	
WARD CLERKS		
AIDE VACATION & SICK	81,057	
CONTRACT NURSES-RN	7,390	
CONTRACT NURSES-LPN	86,394	
CONTRACT NURSES-AIDES	250	
NURSE AIDE TRAINING WAGES	6,120	6,120
NURSE AID TRAINING EXP	3,197	3,197
NURSE AIDE TRAINING REIMB	-19,148	
REHAB WAGES	44,504	
REHAB SICK & VAC	3,281	
NURSING DEPT EDUCATION		
NURSING SUPPLIES	73,609	98,750
NURSING SUPPLIES	17,522	
REPLACEMENT-NURSING	7,619	
NURSING OTHER	3,140	102,132
DRUG PURCHASES	91,598	346,825
DRUG PURCHASES-OTHER	255,176	
LABORATORY SERVICES	8,178	321,627
HOME HEALTH SALARY		
HOME HEALTH SICK & VAC		
HOME HEALTH EXPENSES		
ACTIVITES WAGES	115,857	119,149
ACTIVITIES SICK & VAC	3,292	
ACTIVITIES SUPPLIES	3,878	3,878
ACTIVITIES FEES	0	0
PT WAGES		
PT SICK & VACATION		
PT FEES	197,228	
PT SUPPLIES	51	
SOCIAL SERVICE WAGES	39,719	42,495
SOCIAL SERVICE SICK & VAC	2,776	
SOCIAL SERVICE EXPENSES	0	0
OT FEE	106,228	
SOCIAL THERAPIST FEE	0	0
SPEECH THERAPY FEE	9,993	
BEAUTICIAN WAGES		0
BEAUTICIAN SICK & VAC		
BEAUTICIAN FEES	0	0
BEAUTY SHOP SUPPLIES	0	0
VOLUNTEER COORDINATOR		
VOL COORD SICK & VAC		
VOL COORD SUPPLIES	1,189	
RENT		0
INTEREST EXPENSE	253,241	259,352
DEPRECIATION	352,298	352,298
LOAN FEE AMORTIZATION	6,111	
INTEREST INCOME	-110	
MISC NON-OPERATING INCOMI	0	
INCOME TAXES	0	
	6,634,952	6,654,210
		19,258
	-673,347	
	(NET INCOME)	
	0	

						2,612	164	3,471,750	71,391,262	
	Name	Title	Function	Total Pay	ısted by Mgmt F	otal # Beds	acility # Be	on-Nursing Hor	Nursing Home	This Facility
###	Susie Jefferson	Director	Manageme	418,245	418,245			19,396	398,849	25,041
###	Tom Jefferson	Secretary	Manageme	0	0			0	0	0
###	Craig Hart	Chairman	Manageme	469,049	469,049			21,752	447,297	28,084
###	Cheryl Lowney	Executive Vice Presic	Manageme	279,290	279,290			12,952	266,338	16,723
###	Steve Wannemache	President	Manageme	363,969	363,969			16,879	347,090	21,793
###	Connie Hoselton	Sr Vice President	Manageme	179,584	179,584			8,328	171,256	10,753
###	Craig Ater	Sr Vice President	Manageme	201,279	201,279			9,334	191,945	12,052
	Ben Hart			79,758	79,758			3,699	76,059	4,776
13				1,991,174	1,991,174				1,898,834	119,222

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing